

215037456  
60215

State of Nebraska  
Investigator's Motor Vehicle Accident Report

Sheet 1 of 4

3	Total Number of Vehicles	Local No./ District 177	Agency Case No. B5-085167	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="radio"/> YES <input type="radio"/> NO	L 2
A/1	DATE OF ACCIDENT	M M / D D / Y Y Y Y S M T W T H F S 09/14/2015		TIME OF ACCIDENT 0745	STATE USE ONLY	
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 0747	09/14/2015	
B	ROAD ON WHICH ACCIDENT OCCURRED	STREET/ HIGHWAY NO. S.27		PRIVATE PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	LATITUDE	
C	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.	LONGITUDE	
D	IF AT INTERSECTION			IF NOT AT INTERSECTION		
1	NAME OF INTERSECTING ROADWAY			<input checked="" type="radio"/> FEET <input type="radio"/> MILES	N S E W	OF NEAREST STREET, BRIDGE, RAILROAD CROSSING
V1/M	30.00			X	Tierra	
V2/M	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN					
01	MILES	N S E W	AND MILES	N S E W	OF NEAREST CITY OR TOWN	
E	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	
1	1					
F	VEHICLE NO. 1					
1	DRIVER LICENSE NO.	H12777452		STATE (Of License)	NE	SEX <input type="radio"/> FEMALE <input checked="" type="radio"/> MALE
V1/N	DRIVER RYAN A HOLZ		PHONE 4025604699	LOCAL NO.		
V2/N	DRIVER ADDRESS 2810 JAMESON N APT 7, LINCOLN, NE 68516		CITY, STATE, ZIP	DATE OF BIRTH (MM / DD / YYYY)	11/25/1984	
1	OWNER RYAN A HOLZ		PHONE 4025604699	LOCAL NO.		
G	OWNER ADDRESS 2810 JAMESON ST #7, LINCOLN, NE 68516		CITY, STATE, ZIP	CITATION <input type="radio"/> PENDING <input checked="" type="radio"/> YES <input type="radio"/> NO	CITATION NO.	
2	LICENSE PLATE PA NO.	RYT948		YEAR (Plate Expires)	2016	STATE (Of Plate) NE
H	VEHICLE	YEAR 1996	MAKE Pontiac	MODEL SFS	BODY STYLE 4 door Sedan	COLOR turquoise
V1/O	VEHICLE ID NO. (VIN)	1G2JB5241T7562677		ESTIMATED DAMAGE <input type="radio"/> TOALED \$ 1500	INSURANCE COMPANY State Farm	
V2/O	TOWED TO	TOWED BY		POLICY NO.	0775970F2827	
3	VEHICLE NO. 2					
1	DRIVER LICENSE NO.	H12435604		STATE (Of License)	NE	SEX <input type="radio"/> FEMALE <input checked="" type="radio"/> MALE
V1/P	DRIVER SAMUEL T JACKSON		PHONE 4022287267	LOCAL NO.		
V2/P	DRIVER ADDRESS 1523 S 8TH ST, BEATRICE, NE 68310		CITY, STATE, ZIP	DATE OF BIRTH (MM / DD / YYYY)	05/02/1971	
1	OWNER BEATRICE PUBLIC SCHOOLS		PHONE 4022231515	LOCAL NO.		
J	OWNER ADDRESS 320 N 5th, Beatrice, NE 68310		CITY, STATE, ZIP	CITATION <input type="radio"/> PENDING <input checked="" type="radio"/> YES <input type="radio"/> NO	CITATION NO.	
01	LICENSE PLATE GS NO.	56140		YEAR (Plate Expires)		STATE (Of Plate) NE
V1/Q	VEHICLE	YEAR 2008	MAKE Ford	MODEL WSD	BODY STYLE Bus (seats 9-11)	COLOR maroon / burg
V2/Q	VEHICLE ID NO. (VIN)	1FBNE31L18DA80323		ESTIMATED DAMAGE <input type="radio"/> TOALED \$ 3500	INSURANCE COMPANY Employers Mutual	
K	TOWED TO	TOWED BY		POLICY NO.	4E7-74-45	
03						
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)				DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject
VEH. #	NAME	ADDRESS			3 Body Region	4 Injury Sev.
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	5 Trans.	SEX M F
VEH. #	NAME	ADDRESS				
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME		
VEH. #	NAME	ADDRESS				
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME		

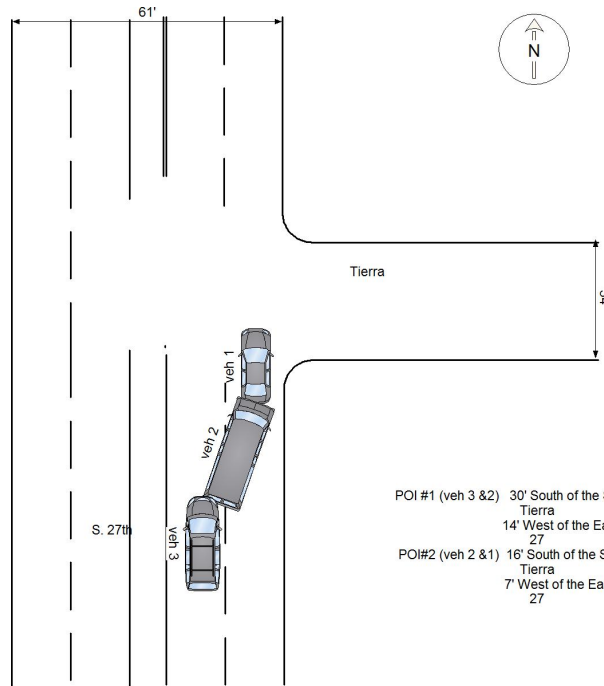
# THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.  
B5-085167



Indicate  
North  
by Arrow



## DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

Driver of vehicle 1 said he was stopped in the outside traffic lane of S. 27th due to traffic in front of him being stopped. Driver of vehicle 2 said due to a lane closure ahead of him, he merged into the outside lane from the inside lane of S. 27th, behind vehicle 1. Driver of vehicle 2 said he was also stopped when he was hit from behind by vehicle 3, who then pushed him into vehicle 1. Driver of vehicle 3 said she was n/b on S. 27th in the inside traffic lane behind vehicle 2, and she looked down at her phone to check the time, not realizing vehicle 2 had stopped and had not merged completely over and hit the rear of vehicle 2, pushing it into vehicle 1

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME	ADDRESS			PHONE
	NAME	ADDRESS			PHONE

VEHICLE MOVEMENT BEFORE COLLISION					POINT OF IMPACT AND MOST DAMAGED AREA (Enter numbers for each vehicle)				AIRBAG DEPLOYED VEHICLE 1		RESTRAINT USE VEHICLE 1		TOTAL OCCUPANTS				
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME												
1	X				S. 27th								VEH 1 1 VEH 2 8				
2	X				S. 27th								ALCOHOL TESTING Driver No. 1 Driver No. 2 Pedestrian				
1	11	06 Turning left				VEHICLE 1		VEHICLE 2		1 Deployed - front		1 None used - vehicle occupant		ALCOHOL LEVEL TESTED			
2	11	07 Making U-turn				POINT OF IMPACT 05		POINT OF IMPACT 05		2 Deployed - side		2 Lap & shoulder belt used		BAC LEVEL			
		08 Entering traffic lane				MOST DAMAGED AREA 05		MOST DAMAGED AREA 05		3 Deployed - both front/side		3 Shoulder belt only used		ALCOHOL/DRUGS SUSPECTED			
		09 Leaving traffic lane				00 None		02 03 04		4 Not deployed		4 Lap belt only used		Driver No. 1 1 Driver No. 2 1			
		10 Parked				09 Top & windows		01 05		5 Not applicable/ No airbag available		5 Child safety seat used		1 Neither alcohol nor drugs suspected			
		11 Slowing or stopped in traffic				10 Undercarriage		08 07 06		6 Unknown		6 Child booster seat used		2 Yes - alcohol suspected			
		12 Other				11 Total (all areas)						7 DOT approved helmet used		3 Yes - drugs suspected			
		13 Unknown				12 Other						8 Costume helmet used		4 Yes - alcohol & drugs suspected			
												9 Restraint use unknown		5 Unknown			

OFFICER NO. 805	TROOP/TEAM/BEAT 5	DEPARTMENT Lincoln Police Department	Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
INVESTIGATOR NAME (Print or Type) Julie Pucket		INVESTIGATOR SIGNATURE Approved by Officer Julie Pucket	DATE OF REPORT 09/14/2015

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State of Nebraska

Investigator's Motor Vehicle Accident Continuation Report Sheet 3 of 4

Local No./  
District 177

Agency  
Case No. B5-085167

STATE USE ONLY

Vehicle  
Codes  
from  
Overlay  
#2

DATE OF ACCIDENT (MM / DD / YYYY)

09/14/2015

PLACE  
OF  
ACCIDENT

COUNTY

Lancaster

CITY

Lincoln

Sequence  
of Events

ROAD ON WHICH ACCIDENT OCCURRED STREET/HIGHWAY NO. S.27

VEH. #	VEHICLE NO. 3										VEH. #
3	DRIVER LICENSE NO.	H13750260				STATE (Of License)	NE	SEX	<input checked="" type="radio"/> FEMALE <input type="radio"/> MALE	3	
M	DRIVER MIRANDA H STOTT					PHONE	4024299637			LOCAL NO.	
08	DRIVER ADDRESS 2415 DODGE ST, LINCOLN, NE 68521					CITY, STATE, ZIP	DATE OF BIRTH (MM / DD / YYYY)	11/03/1989		1.	
N	OWNER Miranda Stott					PHONE	4024299637			LOCAL NO.	
1	OWNER ADDRESS 2415 Dodge St, Lincoln, NE 68521					CITY, STATE, ZIP	CITATION <input type="radio"/> PENDING <input checked="" type="radio"/> YES <input type="radio"/> NO	CITATION NO. LB484170		2.	
O	LICENSE PLATE PA NO. BFM9698					YEAR (Plate Expires)	2015		STATE (Of Plate)	AZ	
4	VEHICLE YEAR 2000 MAKE Mazda MODEL SW BODY STYLE Mini van COLOR light blue ESTIMATED DAMAGE <input checked="" type="radio"/> TOTALED \$									4.	
P	VEHICLE ID NO. (VIN) JM3LW28G5Y0100669					INSURANCE COMPANY Essurance				5.	
1	TOWED TO Capital					TOWED BY Caital				6.	
						POLICY NO. PANE006009409				40	

VEH. #	VEHICLE NO. 4										VEH. #
4	DRIVER LICENSE NO.					STATE (Of License)		SEX	<input type="radio"/> FEMALE <input type="radio"/> MALE	4	
M	DRIVER					PHONE				LOCAL NO.	
	DRIVER ADDRESS					CITY, STATE, ZIP	DATE OF BIRTH (MM / DD / YYYY)			1.	
N	OWNER					PHONE				LOCAL NO.	
	OWNER ADDRESS					CITY, STATE, ZIP	CITATION <input type="radio"/> PENDING <input type="radio"/> YES <input type="radio"/> NO	CITATION NO.		2.	
O	LICENSE PLATE NO.					YEAR (Plate Expires)			STATE (Of Plate)	3.	
P	VEHICLE YEAR MAKE MODEL BODY STYLE COLOR ESTIMATED DAMAGE <input type="radio"/> TOTALED \$									4.	
Q	VEHICLE ID NO. (VIN)					INSURANCE COMPANY				5.	
	TOWED TO					TOWED BY				6.	
						POLICY NO.					

VEHICLE MOVEMENT BEFORE COLLISION					POINT OF IMPACT AND MOST DAMAGED AREA				AIRBAG DEPLOYED VEHICLE 3				RESTRAINT USE VEHICLE 3				TOTAL OCCUPANTS			
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME				(Enter numbers for each vehicle)											
3	X				S. 27th				VEHICLE 3				VEHICLE 4				VEH 3 3 VEH 4			
4									POINT OF IMPACT 01				POINT OF IMPACT				ALCOHOL TESTING			
3	01				06 Turning left				MOST DAMAGED AREA 01				MOST DAMAGED AREA				ALCOHOL LEVEL TESTED			
4					07 Making U-turn				00 None				02 03 04				BAC LEVEL			
					08 Entering traffic lane				09 Top & windows				01 05				ALCOHOL/ DRUGS SUSPECTED			
					09 Leaving traffic lane				10 Undercarriage				08 07 06				1 Neither alcohol nor drugs suspected			
					10 Parked				11 Total (all areas)								2 Yes - alcohol suspected			
					11 Slowing or stopped in traffic												3 Yes - drugs suspected			
					12 Other												4 Yes - alcohol & drugs suspected			
					13 Unknown												5 Unknown			

Complete this section for all injured persons						DATE OF BIRTH (MM / DD / YYYY)		1	2	3	4	5	SEX M F
VEH. #	NAME ADDRESS							Seat Position	Eject	Body Region	Injury Sev.	Trans.	
	LOCAL NO. MEDICAL FACILITY NAME EMS SERVICE NAME							EMS RUN REPORT NO.					
VEH. #	NAME ADDRESS												
	LOCAL NO. MEDICAL FACILITY NAME EMS SERVICE NAME							EMS RUN REPORT NO.					
VEH. #	NAME ADDRESS												
	LOCAL NO. MEDICAL FACILITY NAME EMS SERVICE NAME							EMS RUN REPORT NO.					

# ADDITIONAL - DIAGRAM & INFORMATION AS REQUIRED FOR ACCIDENT



Indicate  
North  
by Arrow

AGENCY CASE NO.

B5-085167

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME		ADDRESS		PHONE
	NAME		ADDRESS		PHONE
OFFICER NO. 805		TROOP/ TEAM/ BEAT 5		DEPARTMENT Lincoln Police Department	
INVESTIGATOR NAME (Print or Type) Julie Pucket			INVESTIGATOR SIGNATURE Approved by Officer Julie Pucket		DATE OF REPORT 09/14/2015